**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

091543855

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		ÓR	OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		ſ	RATE	FEE	)	RATE	FEE
BASIC FEE										345.00	OR	4	690.00
TOTAL CLAIMS			80	minus 2	:0=	. 60	)		X\$ 9=		OR	X\$18=	1080.40
INDEPENDENT CLAIMS			6	minus	3 =	• 3			X39=		OR	X78=	)ZY.si
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	20040
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CI REM	AIMS IAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	211 05 111	Minus	**		=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b>'</b> [	+130=		OR	+260=	
									TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
			lumn 1)		((	Column 2)	(Column 3)				_		
AMENDMENT B		REN A	LAIMS MAINING IFTER NDMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	·		Minus	**		=		X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+130=		OR	+260=	
								Ĺ	TOTAL			TOTAL	
		100	lumn 1)		11	Column 2)	(Column 3)		ADDIT. FEE I			ADDIT. FEE	
AMENDMENT C		REI	LAIMS MAINING FTER NOMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus			=	] [	X\$ 9= ·		OR	X\$18=	
	Independent	•	<u> </u>	Minus			=		X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	~	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								Ĺ	TOTAL		OB	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Pr viously Paid F r" (Total r Independent) is the highest number found in the appropriate box in column 1.												

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/543055

## Total Fee Calculation

Total Fee Calculation										
	Fee Cade	Total # Cluims	Number Extra X	Fcc	Fcc	<b>-</b> To(2)				
	Sm./Lg.			Sm. Entity	Lg. Entiry	•				
Busic Filing Fee	201/101			·	690.00	690wo				
Total Claims >20	203/103	80 .20 -	60 x		18.00	•				
Independent Claims >]	202/102	<u>6</u> .j -	*	<del></del>	78,00	1030.00				
Mult. Dep Claim Present					70,63	<u>234,</u> 00				
Surcharge	205/105				•					
English Translation	_139				130.00 -	136,00				
•						<del></del>				
TOTAL FEE CALCULA	TION					2134.60				
Fees due upon filing th	e application:		·			212 1160				
Total Filing Fees Due = 5 2134.00										
Less Filing Fees Submi	ned - \$					•				
BALANCE DUE	= S _2	134,00								
Office of Initial Patent E	xamination									

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)